

**APPLICATION FOR CERTIFICATION OF MUNICIPAL CLERKS & RECORDERS  
AND CONTINUING EDUCATION CREDIT**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

County \_\_\_\_\_ Municipality \_\_\_\_\_

**COMPLETION OF QUALIFICATIONS FOR CERTIFICATION AT:**

\_\_\_\_\_  
\_\_\_\_\_

(You must submit a copy of the certificate from the institution at which qualifications were completed.)

**CONTINUING EDUCATION CREDIT**

I hereby submit this application for \_\_\_\_\_ hours of credit for attending \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You must submit a copy of the certificate received for attending the seminar.)

FOR USE BY SECRETARY OF STATE

Certification Date \_\_\_\_\_

Number of CEU Credits \_\_\_\_\_ Date \_\_\_\_\_

